Mail to: Dennis R. Downs, Director Division of Solid and Hazardous Waste P.O. Box 144880 Salt Lake City, Utah 84114-4880

Permit No. 0103

MAR 1 0 2008

SOLID WASTE LANDFILL ANNUAL REPORTID & HAZARDOUS WASTE 08.00962

For Calendar year 2007 or most recent fiscal year

Administrative Information (Please enter all the information requested below - type or print legibly) hester C+Dlandfil Facility Name: Facility Mailing Address: 27 # 1 (Number & Street, Box and/or Route) _Zip Code: \$4629 County: Sampete Sampete Samitary Owner Name: Landfill Cooperative Phone No.: (435) 528 3255 Mailing Address: P.O. Box 650087 (Number & Street, Box and/or Route) City: Sterling Zip Code: State: UT Contact's Name. Garry Bring hourst Title: Charman Contact's Mailing Address: 50 N. Main St., P.O. Box 650087 Phone No.: 435) 528 3255 Contact's Email Address: 4+ bring hwst Operator (Complete this section only if the operator is not an employee of the Owner shown above) Name: Larry Hansen Phone No.: (4-3.5 Mailing Address: RR#1 P.O. Rox (Number & Street, Box and/or Route) Zip Code: 84629 City: tarriew State: U Hansertitle: Operator Contact's Name: WARY Contact's Mailing Address: [R#1, P.O. Box 447, Fairview, Phone No. 435) 427 3815 Contact's Email Address: **Facility Type and Status** Class I Class IIIb Class V Class II Class IVa Class VI Class IVb Class IIIa C/D cell not operated under a separate permit number. Yes No No If facility was permanently closed during the year enter date closed: **Annual Disposal** Total tons received at facility for disposal: Waste Type Waste Origin Total Measurement In-State Out-of-State Tons Cubic Yards Municipal 9* Industrial C/D^1 П

*Animals + Commercial

¹C/D waste includes all waste going to a Class IV or VI landfill cell

Page 1 of 2

Conversion Factor Used	
	No conversion factors used Conversion factor from rules (R315-302-2(4)(c)) used Site specific conversion used Please list:
Recycling	
	Material Recycled:
Utal	h Disposal Fee
	Disposal Fee Required to be Paid to State Yes No No
	Fee Paid Municipal \$ C/D \$ Industrial \$ Annual \$
Lan	dfill Capacity
	Current Landfill Remaining Capacity Tons: 282, 44\ Years:
Fina	ancial Assurance
	Current Closure Cost Estimate: Current Post-Closure Cost Estimate: Current Amount or Balance in Mechanism: (If balance does not equal or exceed total for closure and post-closure care please contact the Division) Current Financial Assurance Mechanism: (ie. Bond, Trust Fund, Corporate or government Test etc.) Mechanism Holder and Account Number: (ie. Name of Bond Company, Bank etc. Account number) Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for
	inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement. Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.
Oth	er Required Reports
	Ground Water Monitoring: Class I and V landfills only. Check if exempt
	Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt
	Training Report: A report of all training programs or procedures completed by facility personnel during the year.
Signat repres	the should be by an executive officer, general partier, proprietor, elected official, or a duly authorized representative. A duly authorized entative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)). **Real Proprietor** **Proprietor** **Prop